

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90087 031 ****61.25

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1. Entity Name
**NASSAU COUNTY HOME EDUCATORS SUPPORT
GROUP, INC.**



Principal Place of Business
86131 HOPPER LANE
YULEE, FL 32097

Mailing Address
86131 HOPPER LANE
YULEE, FL 32097



01032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3657460	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HOPPER, DEBORAH
86131 HOPPER LANE
YULEE, FL 32097

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOPPER, DEBORAH
STREET ADDRESS	86131 HOPPER LANE
CITY-ST-ZIP	YULEE, FL 32097
TITLE	D
NAME	HOPPER, RICHARD
STREET ADDRESS	86131 HOPPER LANE
CITY-ST-ZIP	YULEE, FL 32097
TITLE	TD
NAME	MCDONALD, JANE
STREET ADDRESS	4224 SUMMER BREEZE DR.
CITY-ST-ZIP	FERNANDINA BCH, FL 32034
TITLE	VP
NAME	WHITAKER, BRETT
STREET ADDRESS	4143 NORTSHORE DR
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	SD
NAME	REUTER, MICHELE
STREET ADDRESS	86515 WORTHINGTON DR
CITY-ST-ZIP	YULEE, FL 32097
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah Hopper **DEBORAH HOPPER** 1-19-07 (904) 225-9160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #